

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service
Rockville, Maryland 20857

Refer to: OAM

INDIAN HEALTH SERVICE CIRCULAR NO. 96-07

TRAINING NOMINATION AND AUTHORIZATION DOCUMENTS
CREATED USING -ADMINISTRATION RESOURCES MANAGEMENT SYSTEM.

Sec.

1. **Purpose**
2. **Background**
3. **Policy**
4. Supplemental Information
5. Restrictions and
Additional Guidance
6. Supersedure
7. Effective Date

- Exhibit 96-07-A:** Purchase Order Terms and
Conditions; Payments and
Billing Instructions
- Exhibit 96-07-B:** Employee Agreement to Continue
in Service

1. **PURPOSE.** This is to inform Indian Health Service (IHS) employees of supplemental information that must accompany each training nomination and authorization form that is created using the Administrative Resources Management System (ARMS) Training Nomination and Authorization component, Such information is not currently generated automatically or available on-line in the ARMS as part of the training form but must be printed for IHS use or for mailing to vendors.
2. **BACKGROUND.** The IHS Training Nomination and Authorization component in the ARMS has been approved for implementation throughout the IHS. This capability allows for the electronic processing of training documents from the point of initiation to actual authorization for requested training. The ARMS training form, created with input from the Area training officers, has been assigned form number IHS-844 and is available for use in lieu of form number HHS-350, "Training Nomination and Authorization."

Distribution: PSD 557 (Indian Health Mailing Key)
Date: September 27, 1996

INDIAN HEALTH SERVICE CIRCULAR NO. 96-07

3. Policy. The ARMS Training Nomination and Authorization component must be utilized at IHS Headquarters and at each IHS Area office where it is installed and operational. Until the supplemental information to the electronic training form is available in ARMS, each printed form IHS-844 must include the attachments prescribed in section 4 of this Circular.

4. SUPPLEMENTAL INFORMATION Circular Exhibits 96-07-A and 96-07-B must be copied and used as follows:

A- ~~Purchase Order Terms and Conditions and Payments and Billing Instructions~~

This information is attached as Circular Exhibit 96-07-A and must be copied and attached to all printed forms IHS-844 before they are mailed or otherwise delivered to training vendors. It incorporates, by reference, the statutory requirements for IHS to acquire training.

B. Employee's Agreement to Continue in service.

This information is attached as Circular Exhibit 96-07-B, and must be copied when the employee training covers 80 or more work hours. Refer to the existing IHS training policies and procedures for the appropriate use of this information.

An electronic copy of each of these documents is available on request from the Chief, Career Development and Training Branch (CDTB), Division of Personal Management, Office of Human Resources, IHS Headquarters, for Area offices to print good quality copies as needed.

5. RESTRICTIONS AND ADDITIONAL GUIDANCE.

A. Changes to the electronic form IHS-844 The form IHS-844 is established in the ARMS for use IHS-wide. Requests for changes to the form must be submitted to the Chief, CDTB. The Chief, CDTB, will coordinate review of each request with the Chair, ARMS Workgroup, to determine if the changes are appropriate for use IHS-wide. Area training officers will have an opportunity to review and concur with the proposed changes to the form. Only the Associate Director, Office of Administration and Management (OAM), can approve changes that are recommended by the Chief, CDTB, and the Chair, ARMS Workgroup. Staff in the

INDIAN HEALTH SERVICE CIRCULAR NO. 96-07

Office of Information Resources Management (OIRM) may not effect changes to the form IHS-844 prior to receiving written approval from the Associate Director, OAM.

- B. Training policy and procedures. Headquarters and Area office employees should direct questions regarding training policies and procedures to their Area Training Officer.
 - c. ARMS conversion problem. Area offices that experience problems converting to the ARMS automated training form should contact the Chief, Systems Implementation, Review, and Analysis Branch, Division of Resources Management, OAM.
 - D. ARMS Training Nomination and Authorization Component. The OIRM, Headquarters West, has developed written instructions on how to process training documents in the ARMS. Headquarters and Area offices' staff should contact staff in the division of Systems Development, OIRM, Headquarters West, for a copy of the instructions. The training component user instructions will be incorporated into the A R M S i n t h e near future.
6. SUPERSEDURE. Indian Health Service Circular No. 96-01, dated February 7, 1996.
7. EFFECTIVE DATE. This circular is effective upon date of signature by the Director, IHS.


Michael H. Trugillo, M.D., M.P.H.
ASSiStant Surgeons General
Director, Indian Health Service

PURCHASE ORDER TERMS AND CONDITIONS

52.252-2 Clauses incorporated by reference (Apr 84) - this contract incorporates the following clauses by reference with the same force and effect as if they were given in full text. Upon request, the contracting officer will make their full text available:

Federal Acquisition Regulation (48 CFR chapter 1) clauses 52.203-1 Officials Not to Benefit (Apr 84); 52.2033 Gratuities (Apr 84); 52.2034 Covenant Against Contingent Fees (Apr 64); 52.212-9 Variation in Quantity (Apr 84) (in the preceding clause, the Permissible variations are stated in the schedule); 52.222-3 convict labor (Apr 84); **52.2224** Contract Work Hours and Safety Standards Act - Overtime Compensation - General (Apr 84) ; 52.22226 Equal Opportunity (Apr 84); 52.222-36 Affirmative Action for Handicapped Workers (Apr 84); 52.22240 Service *contract Act* of 1965 - Contracts of \$25,000 or Less (Apr 84); 52.22241 Sent Contract Act of 1965 (Apr 84) ; 52.225-3 Buy American Act supplies (Apr 84) 52.321-1 Payments (Apr 84); 52.232-S Discounts for Prompt Payment (Apr 84) (with alternate I); 52.233-1 Disputes (Apr 84); 52.243-1 Changes - Fixed Price (Apr 84); 52.249-1 Termination for Convenience of the Government (fixed price) (short form) (Apr 84).

PAYMENT AND BILLING INSTRUCTIONS

Invoices shall be submitted in the ORIGINAL only unless otherwise specified, and shall contain the following information: contract number (if any), order number, item number(a), description of items, quantities, unit prices, and extended totals. Note: if desired, this order (or a copy thereof) may be used by the Contractor as the invoice in lieu of separate invoice provided the following statement (signed and dated) is entered on (or attached to) the order: Payment is requested in the amount of \$_____. No other invoices will be submitted. Cite invoice number when issuing payment.

**Exception to SF182 Approved by GSA/RIMS 12/92

EMPLOYEE AGREEMENT TO CONTINUE IN SERVICE

NOTE: This agreement must be signed by the nominee for all non-government training that exceeds 80 hours and for which the government provides payment of training costs prior to the commencement of such training.

1. I **AGREE** that upon completion of the Government Sponsored training described in this request, that, if I receive salary covering the training period, I will serve in HHS three times the length of the training period. If I **receive no salary** during the training period, I agree to serve the HHS for a period equal to the length of training, but in no case less than one month. (The length of part-time training, is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training up to maximum of 40 **hours a week.**)
2. If I voluntarily leave HHS before completing this period of service, I **AGREE** to reimburse HHS for the tuition and related fees, travel and other special expenses (**EXCLUDING SALARY**) paid in connection with my training.
3. I **FURTHER AGREE** that, if I voluntarily leave HHS to enter the service of another federal agency before completing the period of service, I will give my organization written notice of at least ten workdays, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, or do not receive written notice of waiver of payment or transfer of my obligation to the gaining agency, I **AGREE** to repay the amount of additional expenses incurred by the Government in this training.
4. I understand that any amounts which may be due HHS as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed by the Government, or may be recovered by such other methods as are approved by Law.
5. I **FURTHER AGREE** to obtain approval from my organization training officer and that person responsible for authorizing non-Government Training Requests of any proposed change in my approved training program involved course and schedule changes, withdrawals or incompletions, and increased costs.
6. I fully understand that this agreement does not in any way commit the Government to continue my employment.

(Date Signed)

(Signature)